

File Original and First Copy with
Department of EcologySecond Copy—Owner's Copy
Third Copy—Driller's Copy**WATER WELL REPORT**

STATE OF WASHINGTON

Start Card No.

Water Right Permit No.

29.2E.13F

(1) OWNER: Name Langley Kingdom Hall at J.W.S. Address 2041 E. Millman Rd Langley
 (2) LOCATION OF WELL: County Island SE NW 13 29 N., 2E W.M.
 (2a) STREET ADDRESS OF WELL (or nearest address) above

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☒
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) 1
 Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
 Deepened ☐ Cable ☒ Driven ☐
 Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6" inches.
 Drilled 88 feet. Depth of completed well 88 ft.

(6) CONSTRUCTION DETAILS:
 Casing installed: 6 * Diam. from 0 ft. to 83 ft.
 Welded ☒ * Diam. from _____ ft. to _____ ft.
 Liner installed ☐ * Diam. from _____ ft. to _____ ft.
 Threaded ☐ * Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒
 Type of perforator used _____
 Size of perforations _____ in. by _____ in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐
 Manufacturer's Name HSSC
 Type S.S. Model No. 15
 Diam. 6 Slot size 15 from 83 ft. to 88 ft.
 Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel _____
 Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18' ft.
 Material used in seal Benetite
 Did any strata contain unusable water? Yes ☐ No ☒
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
 Type: _____ H.P.

(8) WATER LEVELS: Land-surface elevation 100+- ft.
 Static level 63 ft. below top of well Date _____
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes ☐ No ☐ If yes, by whom? _____
 Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test 3/31/92Bailer test 15 gal./min. with 5 ft. drawdown after 1 hrs.

Airstest _____ gal./min. with stem set at _____ ft. for _____ hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒**(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION**

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
<u>Brown</u> <u>Cobbles + SAND</u>	<u>0</u>	<u>10</u>
<u>HARD PAN SANDY</u>	<u>11</u>	<u>19</u>
<u>SANDY CLAY</u>	<u>20</u>	<u>58</u>
<u>SANDY CLAY</u>	<u>59</u>	<u>76</u>
<u>Med WATER SAND</u>	<u>76 1/2</u>	<u>88</u>

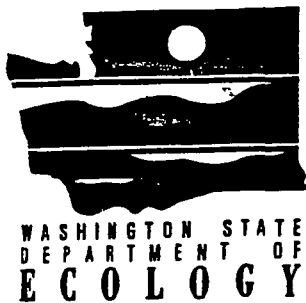
RECEIVED
 APR 23 1992
 DEPT. OF ECOLOGY

Work started 3/30, 19. Completed 3/31, 1992**WELL CONSTRUCTOR CERTIFICATION:**

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Well Done Drillers
 (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)Address 929 Hill Valley Dr.(Signed) Paul F. Herwin License No. 1304
 (WELL DRILLER)Contractor's Registration No. SOCCSCE178JK Date 3/8, 1992

(USE ADDITIONAL SHEETS IF NECESSARY)



Well Tagging Form

Unique Well Tag No: AGA536

36712
502

RECORD VERIFICATION (check one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name LANQUET KINGDOM HALL - 36712-N Last Name _____

Street Address _____

City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address _____

City _____ County _____

T _____ N R _____ WM Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude W122° 30.154

Longitude N43° 00.168

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available:

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☒ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

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WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well housing, etc)

6" WELL CASING, TNC WELL, WELL HOUSE OF WOOD, IN BACK OF CHURCH IN FIELD
PORT FROM SPIGOT IN YARD

Location of Well identification Tag

Was supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

If yes where was tag placed?

Scale 1 24 000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point

SECTION

13E

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

COMMENTS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #

Date Issued

Circle One

Application

Permit

Certificate

Claim

Exempt